

## DRAFT FOR REVIEW AND COMMENT

### **MONTANA DEPARTMENT OF HEALTH AND HUMAN SERVICES TRIBAL CONSULTATION, OCTOBER 20, 2015:**

Executive Order Establishing an Office of American Indian Health

And

The Use of State Appropriation for American Indian Youth Suicide  
Prevention

*A summary report prepared by the Montana Healthcare Foundation*

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## Comments on Youth Suicide in Indian Country, and on use of the appropriation for American Indian youth suicide prevention

Participants provided compelling professional and personal testimony about the frequency, causes, and costs of suicide in their communities. Participants made the point that the problem of youth suicide is inseparable from the larger issues that had been discussed over the course of the day.

Participants described the many challenges facing American Indian youth in Montana. For example:

- Native American youth are not used to having a voice in things that affect them, and don't feel they are important.
- The problem of stigma is an important barrier—these are hard issues to talk about, but ignorance of the problem keeps people from getting help or recognizing warning signs.
- Youth are traumatized by having witnessed suicides and by knowing so many people who have attempted or committed suicide. One person related a story of a boy whose brother committed suicide in his presence, and noted that she knows 17 people who have committed suicide. Youth who experience these traumatic events need strong, effective, and stable support, or they will be at higher risk themselves. The frequency of suicide in some communities is, in other words, a major source of trauma and may therefore create a risk for suicide among survivors.
- Cultural activities are helpful: youth need to feel involved, and loved.
- Discrimination in schools was a persistent theme. One person related that a 4<sup>th</sup> grader in her community was expelled from school, with a comment from the teacher that “he is headed straight for Deer Lodge.” Another noted that when she sought help from a high school guidance counselor on applying to college, the counselor “basically just laughed.”

## Recommendations: use of the Youth Suicide Prevention funds

Opinions were not unanimous, but many people expressed a sense that these funds would be less effective if they were divided among tribes and given out as small grants.

### General Comments on the Use of the Youth Suicide Prevention Funds

- Don't do “more of the same” (i.e., current approach to suicide prevention); one person noted that current suicide prevention programs on the reservation are “a mess.” Another commented that there are well-funded suicide prevention efforts already on the reservation, but they are working in silos and not sharing expertise and resources or planning/working together.
- Don't split up the money. Splitting it up would be “a drop in the bucket.”
- Involve youth in developing the program, and put it toward programming for youth.
- Suicide is a tragic outcome of a much broader, deeper problem. The funds should be used to focus on upstream prevention—on “putting people back together who are broken,” rather than on specific suicide prevention programs. Another person offered this analogy: if people keep falling off a cliff, do you buy an ambulance, or build a safety fence?
- One participant offered a counter to this idea, saying, “What makes you think doling it out would be less useful than making a committee? I think we should invest in education.” Another young participant said she thought providing youth scholarships might be her preferred option, if she had to choose.
- Don't hire FTEs at DPHHS to administer this program.

- Don't forget to include the urban Indian centers.

### **Specific Suggestions for Ways to Use the Youth Suicide Prevention Funds**

1. Data:

- One person commented that the numbers of Native suicides reported by Vital Statistics is too low, and suggested that getting more accurate data is one priority.
- Several commented on the need to better understand what is happening when someone commits suicide; i.e., understanding more about the circumstances of individual suicides in order to better understand what might have prevented them.

2. Identifying best practices: Many people were interested in some sort of research or technical assistance to help identify successful programs and practices, and plan for implementation in Montana. Related ideas include:

- The universities and tribal colleges could be engaged as resources to carry out this work.
- Hire or contract with someone to develop a tribally-led curriculum and framework for effective suicide prevention.

3. Coalition of tribal leaders and health experts:

- The money could help the tribes and urban Indians come together to form a coalition that develops a strategic plan, and works on finding larger sources of funding.
- A coalition could bring young people together as well, so that they can participate and provide guidance on what is needed.
- Consult communities to understand their needs and priorities.
- Consult youth, and involve them in the effort.

4. Use these funds to raise more money: By developing a strategic plan to guide American Indian youth suicide prevention, maybe these funds could be used (at least in part) to bring in additional funds through grants or investments.

5. Youth focus:

- Focus the dollars on youth-based programming: convene youth, work with them to develop interventions, etc.
- Work on stigma through mandatory training and education in schools (for youth and teachers).
- Spend the funds on youth scholarships, because education is the first way to get rid of suicide. If you feel like you're contributing, it will erase the sadness.